

JOB SATISFACTION AMONG FAMILY NURSE PRACTITIONERS IN THE UNITED STATES AIR FORCE

Janice Earlene Owings

APPROVED:

Barbara M. Sylvia, Ph.D., RN (Chair)

Date

Quannetta T. Edwards, Col. USAF NC, MSN

Date

Diane Seibert, CRNP, MS (Member)

Date

APPROVED:

F. G. Abdellah, Ed.D., ScD., RN, FAAN
Dean

DISCLAIMER STATEMENT

Department of Defense

"This work was supported by the Uniformed Services University of the Health Sciences Protocol No. T06196. The opinions or assertions contained herein are the private opinions of the author and are not to be construed as official or reflecting the views of the Department of Defense or the Uniformed Services University of the Health Sciences."

COPYRIGHT STATEMENT

The author hereby certifies that the use of any copyrighted material in the thesis entitled:

"JOB SATISFACTION AMONG FAMILY NURSE PRACTITIONERS IN THE
UNITED STATES AIR FORCE"

beyond brief excerpts is with the permission of the copyright owner, and will save and hold harmless the Uniformed Services University of the Health Sciences from any damage which may arise from such copyright violations.

ABSTRACT

Increasing numbers of Family Nurse Practitioners (FNPs) are being utilized within the Air Force. Nurse Practitioners provide patient education, acute care, and prevention services at lower cost due to the lower cost of training and lower salaries than physicians, without jeopardizing care. Creating an optimal working relationship, can help the new FNP integrate into their new role successfully. The purpose of this descriptive study is to describe and assess the factors affecting job satisfaction among FNPs in the Air Force. The conceptual framework to guide this study is based on Frederick Herzberg's theory of job satisfaction. Identifying the factors affecting job satisfaction, can help team members, supervisors and the new FNPs smoothly transition to the provider role. The entire population of 32 Air Force FNPs were surveyed using the Measurement of Job Satisfaction tool developed by Traynor and Wade. The 44 item tool contains questions related to seven categories: personal, workload, training, standards of care, pay, prospects, and professional support satisfaction. A 5 point Likert scale was used to measure the FNP's responses to each of these categories. Descriptive statistics were used to analyze the demographic data of the subjects regarding age, education, rank, education, clinical setting and years of practice. Study results show that overall Air Force FNPs express a high level of satisfaction. As earlier literature demonstrates, intrinsic factors such as personal satisfaction and quality patient care positively influence job satisfaction. Also salary was found to be the highest dissatisfier. Study results may be helpful to supervisors and FNPs as the role of Nurse Practitioners expand in the Air Force.

CINAHL Keywords: job satisfaction, Air Force nursing, nurse practitioner, military nursing, role, attitude of health personnel, Herzberg, workplace, organizational culture, personnel management, workload.

JOB SATISFACTION AMONG FAMILY NURSE PRACTITIONERS IN THE
UNITED STATES AIR FORCE

by

JANICE EARLENE OWINGS, ADN, BSN
CAPTAIN, USAF, NC

THESIS

Presented to the Graduate School of Nursing Faculty of the

Uniformed Services University of the Health Sciences

in Partial Fulfillment of the

Requirements for the

Degree of

MASTER OF SCIENCE DEGREE

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
May 1999

PREFACE

This research was conducted to describe and assess the factors affecting job satisfaction among Family Nurse Practitioners in the Air Force. This study will hopefully help supervisors and FNPs understand the demand and satisfactions found within the role of Family Nurse Practitioner.

DEDICATION

The help and encouragement of many people have made this thesis a reality. The spirit and love of my mother Jessie and my husband Robert sustain me even though they are gone. John, Jack, and Lynn have given me the gift of laughter and friendship that has helped maintained my belief in myself during stressful times. Without their support, it would have been a much more difficult journey.

"The big question is whether you are going to be able to say a hearty yes to your adventure" - Joseph Campbell

TABLE OF CONTENTS

CHAPTER ONE - INTRODUCTION

Background.....	2
Purpose of the Study.....	4
Research Questions.....	4
Conceptual Framework.....	5
Definitions.....	6
Assumptions and Limitations.....	9

CHAPTER TWO - REVIEW OF LITERATURE.....11

Introduction.....	11
Review of Relevant Literature.....	12
Summary.....	19

CHAPTER THREE - METHODS.....21

Research Design.....	21
Sample.....	21
Instrumentation.....	22
Protection of Human Subjects.....	23
Data Collection.....	24
Summary.....	24

CHAPTER FOUR - DATA ANALYSIS.....25

Introduction.....	25
Respondents.....	25

Research Questions.....	27
Summary.....	36
CHAPTER FIVE - FINDINGS, CONCLUSIONS, & RECOMMENDATIONS.....	37
Introductions.....	37
Discussions and Conclusions Regarding Research Questions.....	37
Recommendations and Implications for Practice.....	42
Recommendations and Implications for Research.....	42
Summary.....	44
LIST OF REFERENCES.....	45
APPENDICES.....	48
Appendix A: Permission Letter from Ms. Donnelly	
Appendix B: Measure of Job Satisfaction	
Appendix C: Participant Cover Letter	
Appendix D: Institutional Review Board Approval Letter	
Appendix E: Air Force Survey Control Approval Letter	

LIST OF TABLES

Table 1. Respondents Answers to Questions Related to Personal Satisfaction.....	27
Table 2. Respondents Answers to Questions Related to Workload.....	29
Table 3. Respondents Answers to Questions Related to Professional Support.....	30
Table 4. Respondents Answers to Questions Related to Training.....	31
Table 5. Respondents Answers to Questions Related to Pay.....	32
Table 6. Respondents Answers to Questions Related to Prospects.....	33
Table 7. Respondents Answers to Questions Related to Standards of Care.....	34

LIST OF FIGURES

Figure 1. Facility by Size in which FNPs Practice.....	26
Figure 2. Personal Satisfaction Subscale Mean Scores.....	28
Figure 3. Workload Subscale Mean Scores.....	29
Figure 4. Overall Satisfaction Subscale Mean Scores.....	35
Figure 5. Mean Scores of Subscales.....	36

CHAPTER ONE: INTRODUCTION

In times of a decreasing health care budget and cost containment, one strategy the Air Force has adopted is the utilization of the Family Nurse Practitioner (FNP). The position of the FNP within the Air Force has gained momentum since the establishment of the Graduate School of Nursing at the Uniformed Services University of the Health Sciences (USUHS) in 1993. The USUHS program has offered registered nurses the opportunity to become family nurse practitioners, thereby expanding their traditional role of nurses to primary care providers. "As early as the 1980s, studies suggested that Nurse Practitioners (NP) in primary care settings were highly effective health care providers. Comparison studies that have examined the efficiency of NPs compared with physicians have found that NP care is less costly and is not less effective" (Carroll & Fay, 1997, p.37). Teams of physicians and non-physician providers to include NPs, work in collaborative practice to provide cost-effective and accessible health care. The effective use of the FNP with regards to patient care and costs has resulted in the increasing demand for this type of health care provider in the Air Force. The Air Force is increasing the number of nurse practitioners in the primary care arena. There is a new set of self-expectations as well as the expectations of team members and commanders as to the role of FNPs.

The process of adjusting to the new role influences the health care team and job satisfaction of the FNP. Factors related to job satisfaction provide an indicator of those conditions that increase or decrease satisfaction. To maximize the utilization of NPs, administrators as well as NPs themselves must be aware of the variables affecting job performance.

Background

The United States military health care system has been changing the way care is delivered. "Right-sizing" and a shift from inpatient to outpatient, prevention-directed care has changed the emphasis to a managed care concept. With the implementation of TRICARE, the Department of Defense health care reform program, access to care, quality of care, and continuity of care must be delivered in a more cost effective manner. The utilization of Family Nurse Practitioners to provide services in the primary care setting is one strategy the Air Force has implemented to meet these goals. In the Air Force, nurse practitioners are defined as registered nurses who have received special training and have been certified by a national certifying organization in their specialty. They perform many of the functions traditionally performed by physicians. They work under the direct administrative and professional supervision of the physicians in charge of their functional areas, supplemented by professional guidance from military and civilian consultants as needed (Air Force Manual 36-2105, 1995).

In 1969 the Air Force started educating nurse practitioners in a continuing education program (Wells, 1976). Several nurses were certified in cancer detection. The nurse practitioner program quickly expanded in the 1970's to prepare nurses for certification in OB/GYN, pediatrics, and primary care. Each year a number of career nurses were enrolled as full time students either in the Air Force certificate/non-degree program or to a comparable civilian graduate education program.

In 1974 the primary care nurse practitioner (PCNP) program was established (Bertz, 1996). The PCNP role was initiated to help provide patient care in a time of physician shortage in the Air Force. History taking, physical exams, ordering labs and x-rays,

diagnosing, treating, and planning a care regimen were all within the domain of the PCNP. Referrals were made for specialized care and more definitive treatment.

By June of 1975, ninety-nine PCNP's were practicing in the Air Force. This program of education was discontinued in 1976 for undisclosed reasons. This number decreased significantly due to attrition after the discontinuation of the program. Physicians along with physician's assistants, PCNP's, and other specialized nurse practitioners have provided most of the primary care in the USAF.

A new health care provider to the Air Force's outpatient health care system is the Family Nurse Practitioner (FNP). The work setting into which the FNP enters may have a greater influence on role behaviors than formal preparation for that specific role (Chung-Park, 1998). The entrance into new roles and setting by the FNP may affect job satisfaction. Examining the factors affecting job satisfaction of FNP team members can indicate not only how FNPs feel about their workplace and the work they do, but how administrators and colleagues contribute to job satisfaction. Satisfaction with training, professional support, and future advancement will serve as indicators for supervisors and colleagues on how best to support the FNPs.

A collaborative team approach to primary care would best serve the population of clients. The makeup of the medical team and their duties are decisions made by the administrators and commanders. A number of factors are involved in building a collaborative practice. "Effective group dynamics play a pivotal role in the promotion of collaboration. Factors that promote collaboration include: excellent communication skills, respect, sharing, and trust (Henneman, Lee, & Cohen, 1995). Team members perceptions of specific and general roles of FNPs and the anticipated changes within the organization

brought on by new team dynamics could illuminate what changes to anticipate in the culture and effective ways of planning for those changes. Satisfaction of the job and role of FNPs are essential in the maintenance of a positive collaborative practice and are related to quality of patient care.

Purpose of the Study

The purpose of this study was to survey Air Force FNPs about their level of job satisfaction. The study attempted to elicit the factors affecting job satisfaction for nurse practitioners. Through this descriptive study, distracters from job satisfaction as well as amplifiers of job satisfaction was illuminated. The literature suggests that an understanding of the relationship between job satisfaction among FNPs, their duties, and their practice setting can help to improve the quality of care in the work place (Chung-Park, 1998).

Research Questions

The research questions surveyed the FNP's experiences in their job by asking questions in seven subcategories that was also calculated into overall job satisfaction. The questions are:

1. What is the extent of personal satisfaction with your job?
2. What is the extent of satisfaction with workload?
3. What is the extent of satisfaction with professional support?
4. What is the extent of satisfaction with training?
5. What is the extent of satisfaction with pay?
6. What is the extent of satisfaction with prospects?

7. What is the extent of satisfaction with standards of care?
8. What is the extent of overall job satisfaction?

Conceptual Framework

Frederick Herzberg's (1959) Dual-Factor Theory of job satisfaction and motivation provided the conceptual framework for this research study. In order to describe the characteristics of the FNP work setting, perceptions of the FNP about job satisfaction must be identified. Herzberg's theory categorizes affects in the work place as either extrinsic factors, such as salary and supervision, or intrinsic factors, such as achievement and autonomy that influence job satisfaction (Koebel, Fuller, & Misener, 1991).

According to the study by Herzberg (1959), attitudes toward the job exerted an extremely important influence on the way in which the job was done. His study showed that improved performance related to improved job attitudes and a decreased performance related to a change of attitude in a negative direction.

Herzberg's (1959) study asked the question "What do people want from their job?" When respondents to his study reported feeling happy with their jobs, they most frequently described factors related to their tasks, to events that indicated to them that they were successful in the performance of their work and to the possibility of professional growth. Conversely, when feelings of unhappiness were reported, they were not associated with the job itself but with conditions that surround the doing of the job. Herzberg's finding suggest that a knowledge of what a worker wants from his job is essential to sound personnel practice.

In this study, the survey questions assessed factors in the work place that affected FNP's job satisfaction. Answers to survey questions described feelings of satisfaction or

dissatisfaction about the FNP role, workplace, training, and professional support. The day to day practices of the practitioner notes how comfortable the FNP feels with the time allowed to care for patients, how they fit into the primary care arena, and what feelings they have about opportunities for advancement. The study specifically addressed seven subscales affecting job satisfaction; (a) personal satisfaction, (b) satisfaction with workload, (c) satisfaction with professional support, (d) satisfaction with training, (e) satisfaction with pay, (f) satisfaction with prospects, (g) satisfaction with standards of care. These factors as well as overall job satisfaction are addressed in the survey tool. "Research reveals that the high turnover rate of nurses may be influenced by the level of their job dissatisfaction and possible discrepancies between ideal expectations and the reality of the job (Chung-Park, 1998, p.27)". Objective Medical Group (OMG) executives, supervisors, educators, and FNP's need to know the factors affecting the FNP's level of job satisfaction.

Definitions

The following definitions are used within this thesis:

Personal Satisfaction

The perception that one's job fulfills or allows the fulfillment of one's important job values, providing and to the degree that those values are congruent with one's needs. The operational definition is the response to items 21, 27, 28, 30, 38, and 39 on the tool.

Workload

Work practices and workload are those issue related tasks the FNP performs during a regular duty day. The operational definition is the response to items 6, 14, 15, 20, 23, 24, 37, and 40 on the survey tool.

Professional Support

The process which stresses joint involvement in the decision-making process to meet the goals of patient needs related to wellness and illness. The operational definition is the response to items 2, 3, 10, 13, 22, 29, 35, and 42 on the survey tool.

Training

The process of teaching to qualify and make proficient. The operational definition is the response to items 5, 18, 19, 26, and 31 on the survey tool.

Pay

Salary; to make due return to for services rendered. The operational definition is the response to items 1, 4, 9, and 36 on the survey tool.

Prospects

Expectations for advancement and promotion. The operational definition is the response to items 12, 16, 25, 32, 34, and 41 on the survey tool.

Standards of Care

A norm on which quality of care is judged, theoretically defined by clinical guidelines, critical paths, and care maps. The operational definition is the response to items 7, 8, 11, 17, 33, and 43 on the survey tool.

Military

The armed forces of the United States.

TRICARE

The Department of Defense health care reform program initiative which augments MTF capabilities with managed-care support contracts in accordance with regional priorities (Texidor, Lamar, & Roberts, 1996).

Family Nurse Practitioner

An advanced practice registered nurse who has completed an accredited FNP program resulting in an advanced certification as a FNP. This gives them the educational preparation and the legal authority to provide direct primary care to patients, including assessment, diagnosis, and management, with a specific focus on health promotion and disease prevention.

Autonomy

Characteristics of a position that allows or encourages individuals to have a major say in the work schedule, local policies, and procedures.

Provider

A professional who prescribes or provides treatment for health related problems and concerns. This definition includes physician, nurses and therapists and may be used interchangeably with practitioner.

Collaboration

FNPs and physicians cooperatively working together; sharing responsibility for problem solving and decision making in patient care.

Objective Medical Group

An operational framework for the delivery of goods and services within the Medical Treatment Facility (MTF). Each medical unit will have four levels of command: Group, Squadron, Flight and Element. The OMG will have 2-5 squadrons depending upon MTF size.

Primary Care

Primary care is the provision of integrated accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (Donaldson & Vanselow, 1996).

Family Practice

Primary care delivered to clients from infancy to geriatrics.

Work Satisfaction

The positive opinion of the job in terms of pay/reward, administrative style, professional status accorded, and interaction with colleagues.

Overall Job Satisfaction

The specific aspects of work that health providers find positive and pleasurable in regard to enjoyment of position, quality of care delivered, and time to conduct patient care activities. It is defined within this study by satisfaction with personal factors, pay, workload, professional support, training, prospects for advancement, standards of care, which are measured by the 43 items on the Measurement of Job Satisfaction tool using five point Likert scales.

Assumptions and Limitations

There are several limitations to this study. First, one has to consider the characteristics of the FNP who would volunteer to answer the survey and any pressure they may feel to answer in a positive way. Therefore, there is some question of reliability and validity with self reporting on survey scales. Secondly, at this point in time there is no military or civilian health care culture scale identified which addresses organizational

receptivity to the introduction of nurse practitioner services. Finally, the unique care setting of each assigned position makes the findings difficult to generalize to the entire Air Force FNP population.

The following assumptions have been made for the purpose of this research:

1. The large number of changes occurring in health care and in the Air Force make it hard to assign causality to change factors.
2. The accelerated and unpredictable changes in military health care makes it difficult to generalize about the role the FNP will play.
3. Survey respondents will answer honestly and without fear of coercion.

The limitations of the research are:

1. The question of reliability and validity with self reporting on survey scales.

One must consider the characteristics of the military health care provider who volunteer for research compared to those who do not participate.

2. The specific make-up of each Medical Group makes it impractical to generalize the findings Air Force wide. The variability of the mission and medical needs for each OMG makes generalization difficult.

CHAPTER TWO: REVIEW OF LITERATURE

Introduction

The military health care system has implemented several measures of cost containment initiatives since the end of the Cold War. Proposed budget reductions have encouraged the USAF to initiate changes in all phases of its medical delivery system. One way primary care is being provided more cost efficiently is through the utilization of nurse practitioners (NP). Nurse practitioners have provided the Air Force a means to increase patient care and accessibility at a lower cost. "Comparison studies that have examined the efficiency of NPs compared with physicians have found that NP care is less costly and is not less effective (Carroll & Fay, 1997)". Nurse Practitioners provide patient education, acute care, and prevention services at lower cost due to the lower cost of training and lower salaries than physicians, who have traditionally provided these services. Patient and physician evaluation of NP's have shown satisfaction with the care NP's provide (Buppert, 1995). Studies of civilian and Veteran's Administration NPs have revealed levels of job satisfaction as well as the barriers to practice. Only one study in the Navy has looked at the military NP counterparts. The roles military family nurse practitioners (FNP) occupy and their job satisfaction levels in these roles need to be evaluated.

Job satisfaction is directly related to a health care provider's desire to work and contribute in the provision of quality health care. Low job satisfaction could contribute to low morale, poor retention in the AF, and perhaps reduced quality of care (Chung-Park, 1998). The purpose of this study is to provide insight into job satisfaction of FNPs in the

Air Force. This chapter will provide a review of relevant research on nurse practitioner's job satisfaction in civilian and military settings.

Review of Relevant Literature

Most research written about nurse practitioners has been directed more at legitimization of the role by comparing physician/NP patient outcomes. Limited data has been presented in literature about military NP job satisfaction. "The literature suggests that an understanding of the relationship between job satisfaction among FNPs and characteristics of their practice setting can help improve the quality of the primary care work place" (Tri, 1991, p.46). This gap in knowledge needs to be explored.

Presently there is only one published study dealing with NP's role perception and job satisfaction in a military setting. Chung-Park (1998) conducted a study of NP role perceptions and job satisfaction in Naval health care facilities. Chung-Park surveyed 450 active duty Navy personnel, Commanders, MDs, Medical Service Corp officers, NPs, and Directors of Nursing to extract their understanding and perception of the role of the Nurse Practitioner in the Navy. Forty-five of the NPs also completed the Measure of Job Satisfaction survey. Results revealed that role conflict and ambiguity were prevalent among the Navy NPs. "Whether NPs can integrate nursing and medical skill successfully depends not only on their formal preparation and self-expectations but on administrative expectations and those of their colleagues" (p.27).

In a similar study of 257 full-time employed Veterans Administration (VA) nurse practitioners, Ventura and Feldman (1989) identified and explained conditions that served to constrain and/or facilitate the practice of VA NPs. They found positive job satisfaction was related to independence and direct patient care while negative factors were related to

administrative issues. Chung-Park's (1998) findings parallel those of Ventura and Feldman (1989) in that conflict between administrative and clinical responsibilities caused tension in the work environment.

The review of current literature often differentiated between two categories of factors that affect job satisfaction: intrinsic factors and extrinsic factors. Intrinsic factors are those factors within the expanded role of FNPs that allow for motivation, such as achievement and responsibility. Assuming more responsibility in the diagnosis and treatment of client ailments, performing interesting and challenging work, receiving recognition as a professional, and having more growth potential can all result in a high level of job satisfaction or job dissatisfaction. Extrinsic factors are those characteristics such as salary, supervision, working conditions, interpersonal relations, and orientation to the role of the FNP that are in many ways outside the influence of the practitioner. Koelbel, et al, (1991) noted that "nurse practitioners tend to be more satisfied with factors intrinsic to their work than they are with aspects of the work environment, and that the dissatisfaction with the contextual features of their jobs is of crucial concern (p. 55)".

A Historical Perspective

In 1965 at the University of Colorado, nurse Loretta Ford and physician Henry Silver developed the pediatric nurse practitioner (PNP) role (Brush & Capezuti, 1996). Physician specialization had moved away from generalized practice and clustered within urban and suburban areas creating shortages in general and family care in inner-city communities and rural areas. This situation provided a gap in care that could be met by the expanded role of nurses. In the Ford-Silver Model, PNPs prepared at the master's

level working in collaborative roles with physicians would provide comprehensive care to children. Filling a gap left by physicians, the nurse practitioner came into existence.

However, nurses and physicians alike had misgivings about the new role. The "medicalization" of nursing and threats of nursing moving into medicine's arena were arguments against the practitioner movement. Despite misgivings, a need was being filled in the community and by 1980 there was a huge rise in master's programs to prepare nurse practitioners in pediatric, women's health, geriatrics, adult, family, primary care, and psychiatric specialties. Despite controversies surrounding NP education and practice, the number of NPs grew from 250 in 1970 to 20,000 by 1980. The American Academy of Nurse Practitioners reported in 1995 an estimated 32,000 NPs were recognized to practice in the United States (Brush & Capezuti, 1996).

Nurse practitioners have constantly had to justify their existence. Numerous studies have proved NPs to be cost effective with much of their practice focused on health promotion and disease prevention (Buppert, 1995; Simborg, Starfield, & Horn, 1978). Primary health care within civilian and military settings focus on managing health care needs, preventing problems, and referring to specialists as appropriate (Sellards & Mills, 1995).

Personal Satisfaction

Autonomy, direct patient care, professional growth, and diverse role functions have been shown in studies of NPs to be major satisfiers (Koebel, et al., 1991; Sellards & Mills, 1995; Tri, 1991; Ventura & Feldman, 1989). Intrinsic factors are those factors that allow for motivation and provide the NP with a sense of self-worth and willingness to improve their quality of care. Job dissatisfiers most often come from extrinsic factors

such as inadequate salary, unclear role description, too little time spent with patients, and administrative decisions. To maximize the utilization of NPs, administrators as well as NPs themselves must be aware of the variables affecting job performance.

In a study of 373 civilian registered nurse practitioners in Washington State in 1990, the top five factors most contributive to job satisfaction were autonomy in the NP role, portion of time in patient care, sense of accomplishment, challenge of learning and growing and the amount of self-determination offered (Tri, 1991). It would seem that some of the accomplishment of self-determination would come with time and practice and not be self-evident to the novice NP. Yet, throughout the literature review these intrinsic factors more than any factors outside the influence of the practitioner lead to job satisfaction. Military planners and administrators would do well to note that "literature suggests that an understanding of the relationship between job satisfaction among NP and characteristics of their practice settings can help improve the quality of the primary care workplace (p.46)".

Satisfaction with Workload

Work practices and workload are those issue related tasks the NP performs during a regular duty day. They include direct patient care, conferring with other health professionals and teaching patients and family members. Identifying and studying the factors that affect job satisfaction among 132 civilian advance practice nurses in South Carolina was the purpose of a study by Koelbel, et al, in 1991. This study found again that NPs are satisfied with what they do (intrinsic) but find dissatisfaction with the portion of the work outside their control (extrinsic). "Nurse practitioners tend to be more satisfied with factors intrinsic to their work than they are with aspects of the work environment, and this dissatisfaction with the contextual features of their jobs is of crucial concern" (Koelbel, et al,1991. P. 55).

This study also noted that overall staffing levels, time spent with patients, and allotted time for administrative work all contribute to satisfaction with workload. Some practitioners felt they were being asked to fill their role as NP and to continue the duties expected of them as a staff nurse. These duties pulled the NP from the clinical role from which most satisfaction reportedly was derived. Administrators must consider the work environment of the NP to maximize their contribution to the whole health care team.

Professional Support

Collaboration between health professionals is an integral part of the FNP practice. Collaboration is a process which stresses joint involvement in the decision-making process to meet the goals of patient needs related to wellness and illness (Henneman, Lee, & Cohen, 1994). In creating an optimal working relationship, physicians and NPs need to have a clear understanding of the NP role. Sellards and Mills (1995) stated that "unclear boundaries between NP and physicians may cause tension". The scope of practice of NPs includes a broad spectrum of direct interventions with clients, including health assessment, risk appraisal, health education and counseling, diagnosis and management of acute minor illness and injuries, and management of chronic conditions (Carroll & Fay, 1997; Ventura & Feldman, 1989). The roles of the health team members are not to be viewed as substitutive, but collaborative. A meaningful and open working relationship rests on the ability of FNPs, physicians, and other health team members to appreciate the uniqueness of theirs and each others roles to provide the best care for the patients.

Satisfaction with Training

Mentoring of the entry-level NP in the military most often falls to a physician preceptor due to the small numbers of FNPs in practice in the Air Force at this time. How does mentorship affect adaptation to the role for the NP and how does it help the physician understand the unique qualities of the NP? Ventura & Feldman (1989) reported that interactions with physicians tend to facilitate more than constrain the FNP. Collaboration requires an environment with a team orientation. "Respect and trust, both for oneself and others, is key to collaboration" (Henneman ,et al.,1995, p.108). Collaboration is a process that takes place between individuals, not dictated by institutions. Therefore, it falls on the FNP as much as the physician to be willing to negotiate, trust, and respect each others strengths to build a supportive and effective collegial working relationship. Perhaps more than any other group it is the client who benefits most from services delivered in this collaborative manner .

Satisfaction with Pay and Prospects

The absence of a clear career ladder with explicit expectations to be filled for advancement and promotion were specifically cited as dissatisfiers for the military NPs. Lack of recognition and a sense of not belonging were other job dissatisfying characteristics reported by Chung-Park (1998). For example, the study found that Departments of Nursing sometimes view NPs as non-nurses and the NP loses the feeling of camaraderie they experienced before becoming NPs. Although Nurse Practitioners are not medical doctors they have come under the administration of medical services in the past, further widening the estrangement between nurses, nurse leaders and nurse practitioners. Clarification of role and feelings of connection can be fostered by the

administrators providing guidance for military NPs. "When evaluating the Navy NPs position on job satisfaction, it is important to consider the extent of the physician's as well as the administrator's acceptance, appreciation and utilization of NPs" (p.30). The demographics of length of time in service or size of clinic did not influence job satisfaction as much as the level of autonomy.

In Koelbel and colleagues (1991) study of 132 South Carolinian NPs and midwives in the civilian sector, lack of advancement was cited as the number one job dissatisfier. Koelbel, et al, found in this study that although NPs assume major responsibilities in health care settings, rarely are they offered opportunities for advancement in clinical or organizational hierarchies. Similar concerns towards advancement were noted in the study of Navy NPs. The study of Navy NPs showed that attaining rank, serving on practice committees, and recognition by supervisors were all concerns related to advancement (Chung-Park, 1998). As reported by Navy NPs, communication with supervisors may be decreased as an NP moved out of direct supervision by nursing. Appropriateness of fitness reports and opportunities for career enhancing education and training were perceived by the practitioner as less than optimal. "The perception of the NP military community is that promotion is more difficult in the clinical NP role" (p.27). There is no similar data available for the Air Force NP population. The career ladder for NPs is not clear. "Dissatisfying factors arose mostly from a conflict between career goals, the actual career path, and a lack of bonus pay" (the study was conducted in 1994 before the board-certification pay came into effect) (p.30). Some NPs may feel it is necessary to leave the clinical field to move into the

administrative role to enhance changes of advancement. It remains to be seen how the NP clinical versus administration role will evolve.

Satisfaction with Standards of Care

If the work practices of autonomy and time spent with patients is most satisfying to the FNP, what is there about the work setting that affects job satisfaction and performance? Does the FNP believe the standards of care in the unit in which they work provide quality care to their clients? Does the AF FNP feel their clients receive the care they need? Ventura & Feldman's (1989) study involving Veteran's Administration (VA) nurses correlates with Navy NP job perceptions in regard to the high degree of satisfaction the NP experienced when providing direct patient care. The VA NPs related clinical privileges and caseload continuity as satisfiers within their practice, but described issues related to administrative practices, moving to different patient care areas within the same facility, and lack of clerical support as the most constraining to their practice. Lack of input into planning and decision making was cited as one of the most constraining areas of concern. Administrative conflicts were seen in lack of input into committees where practice decisions were made, and conflict between clinical and administrative duties.

Summary

The review of literature revealed the intrinsic and extrinsic factors affected job satisfaction for FNPs. In the setting of primary care, this study reveals how the NP working relationships, work setting, work practices, and possibilities for advancement within the Air Force affects job satisfaction of the family nurse practitioner. Only one published article was discovered in the literature on military NP work culture and its

relation to job satisfaction. This study was undertaken to discover the factors affecting Air Force FNP job satisfaction. Administrators as well as Commanders and FNPs may well benefit from an understanding of these factors.

CHAPTER THREE: METHODS

The purpose of this descriptive research study was to discover the factors influencing job satisfaction for Air Force Family Nurse Practitioners (FNPs). This chapter outlines the methods used to carry out the study. Research design and rationale are discussed. The sample population, measurement tool, data collection, protection of human rights, and the rationale for data analysis are also described.

Research Design

The survey design used a descriptive method to "provide an accurate portrayal or account of characteristics or a particular individual, event, or group in real-life situations for the purpose of discovering new meaning, describing what exists and determining the frequency with which something occurs, and categorizing information" (Burns & Grove, 1997, p.779). This design was appropriate for this research to discover the factors that affect job satisfaction for AF FNPs. The design has the advantage of allowing a timely collection of meaningful data from a small population of AF FNPs at a relatively low cost.

Sample

The population under study was the 32 Family Nurse Practitioners currently serving in the USAF. The small number of FNPs allowed for data collection and interpretation, within the time constraints for this study. This study, therefore, included the entire population. Participants responded on a voluntary basis. Pediatric and other classifications of nurse practitioners were excluded since the FNP role is newly instituted within the AF. Since providing care across the life-span is the unique role of the FNP, this study warranted surveying only this group of practitioners. The list of FNPs for this

study was obtained from the Military Personnel Center through the Freedom of Information Act. The survey was mailed to the FNP's duty station address in adherence to privacy issues prohibiting the release of a military member's home address. An envelope addressed to the investigator was provided to return the questionnaire.

Instrumentation

The Measure of Job Satisfaction (MJS) questionnaire was used to obtain data for this study. Permission to use and/or adapt the research tool had been obtained from Traynor and Wade who developed the tool. This tool had been used in a study of military FNPs in the Navy by LCDR Chung-Park and published in Military Medicine in January, 1998. The Measure of Job Satisfaction contained 44 items grouped by their content into seven subscales of job satisfaction. The subscales were: I, Personal Satisfaction; II, Satisfaction with Workload; III, Satisfaction with Professional Support; IV, Satisfaction with Training; V, Satisfaction with Pay, VI, Satisfaction with Prospects, VII Satisfaction with Standards of Care, and Overall Job Satisfaction (OJS). In addition to the questionnaire, data was obtained on age, gender, rank, time in service, time served as a FNP, Air Force Specialty Code (AFSC), type of patient care provided, and type of facility in which care was provided.

Descriptive statistics were prepared for all items on the survey tool. For the 44 item Measurement of Job Satisfaction each item was rated using a five-point Likert-type scale with "1" indicating 'Very Satisfied', "2" indicating 'Satisfied', "3" indicating 'Neither satisfied nor dissatisfied', "4" indicating 'Dissatisfied', and "5" indicating 'Very Dissatisfied'. The first 43 items of the instrument form 7 subscales of job satisfaction as listed in the above section on Instrumentation. Item mean scores were calculated for each

subscale by dividing the sum item scores by the number of items comprising that scale (see Appendix 3). For example, the 'Satisfaction with Standards' scale consisted of 6 items. The item mean score was the sum of all items divided by 6. Similarly 'Overall Job Satisfaction' was the sum of the first 43 items divided by 43. The last question, item 44, was included to give an indication of global satisfaction.

The Measure of Job Satisfaction instrument developed by Traynor and Wade (1993) has supporting evidence of reliability and validity. The tool was originally developed to measure job satisfaction in a longitudinal study of English nurses. In that study the correlations of subscale raw scores and factor scores ranged from 0.88 to 0.93 (Cronbach alpha). This tool was then used by Chung-Park (1998) in the study of Navy NPs' job satisfaction. However data regarding reliability and validity estimates in that study were not available in the literature. Chung-Park reports that the Traynor and Wade tool had an established reliability and validity, but did not provide reliability and validity results or scores in her study.

Protection of Human Subjects

Following Graduate School of Nursing Thesis Advisory Committee approval, the proposal of this study was presented to the Uniformed Services University of the Health Sciences (USUHS) Institutional Review Board (IRB) for the Protection of Human Subjects for their approval. Before survey distribution, a survey control number was obtained from Headquarters, Manpower Personnel Center at Randolph Air Force Base. A cover letter was sent in the packet with the survey tools to each prospective subject. The survey forms were not numbered in any way, in order to protect the confidentiality of the

respondent. The respondents were asked to refrain from putting any identifying marks or comments on the questionnaires or the return envelope.

Data Collection

The survey tool and demographic questionnaire was mailed to 32 Air Force FNPs, whose participation was voluntary. This number represented the entire FNP population within the Air Force. A courtesy letter was mailed in an attempt to personalize the request and hopefully to minimize non-response. The proposed research, its purpose, and the name and phone number of the principle investigator was included. An instruction letter and a stamped self-addressed envelope was included in each packet. A second mailing was sent three weeks after the initial mailing.

Summary

This chapter has summarized the plan for research design and methods for a descriptive study of job satisfaction and role perceptions of AF FNPs. The instrument used for this study was the same one used to survey a population of Navy nurse practitioners. In this study the respondents came from within the population of FNPs in the Air Force. The data analysis results will be presented in Chapter Four.

CHAPTER FOUR: DATA ANALYSIS

Introduction

The purpose of this study was to describe and assess the factors affecting job satisfaction among Family Nurse Practitioners (FNP) in the United States Air Force. The methodology consisted of a mailed questionnaire to active duty FNPs. This chapter presents a description of the demographic and data analysis of responses to the survey. The data are discussed in relation to the eight research questions. The Statistical Package for the Social Sciences (SPSS) software was used to analyze the data.

Data was gathered through a mailed questionnaire and demographic survey with an explanatory cover letter sent to thirty active duty Air Force FNPs. Three weeks after the initial mailing 16 (53%) of the questionnaires had been returned. One survey was from an adult NP and could not be included. One survey was returned "Undeliverable- No forwarding address". A second mailing gained one additional usable survey. One survey arrived after data analysis began and was not used. Ten surveys were not returned. Postmarks on the return envelopes showed geographical representation across CONUS and one overseas duty station. Overall return of questionnaires eligible for analysis was 20 of 30 (67%).

Respondents

Respondents consisted of all active duty Air Force FNPs who completed and returned the questionnaire. The twenty respondents represented 67% of the 30 FNPs within the Air Force. Demographic data was collected to determine how long the respondents have worked as an FNP, as well as the size of the facility and the type of clinic where they practiced. Respondents ranged from 31 to 52 years of age with a mean

and standard deviation of 40 and 5.5 years respectively. The rank of respondents was Captain (40%), Major (40%), and Lt. Col. (20%). All of the respondents held a Master's Degree and most of the respondents were female.

Time spent working as a FNP ranged from four months to 252 months with a mean and standard deviation of 50 months and 77.5 respectively. Fifty percent of respondents have spent 18 months or less as a practicing FNP.

Most (35%) of the FNPs reported working in a super clinic. Figure 1 represents the size of facilities where FNPs are assigned. Family Nurse Practitioners worked in varied health care settings. Seventy percent of responding FNPs worked in Family Practice clinics and 25% worked in Primary Care clinics. The Primary Care setting is where most FNPs are being utilized in the Air Force across all facility size ranges.

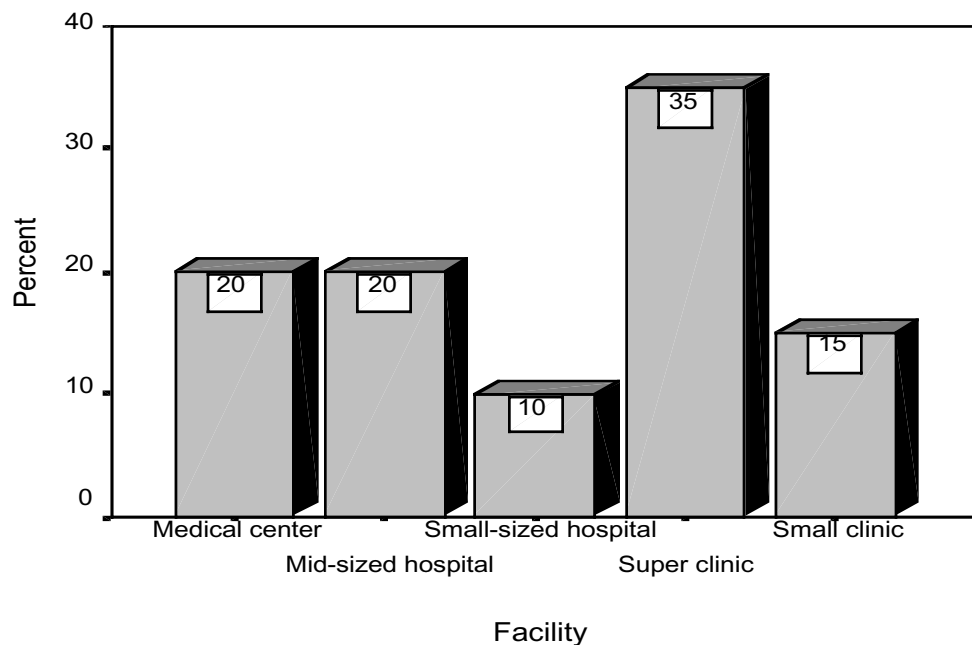


Figure 1. Facility by Size in which FNPs Practice

Research Questions

Answers to the items on the questionnaire and comments from respondents were placed into seven sub-categories. An overall rating of job satisfaction was also included. Data are presented in relation to each of the research questions.

Research Question 1: What is the extent of personal satisfaction with your job?

Six items on the questionnaire gathered information related to personal satisfaction (Table 1). Eighty-five to 90 percent of the respondents reported feelings about a sense of accomplishment, personal growth, independent thought, and the challenges of the job revealed being "very satisfied" or "satisfied" within their positions. The only dissatisfier identified was to the survey question "The extent to which I can use my skills". Two respondents (10%) indicated "dissatisfied". Figure 2 provides a graphic representation of the mean personal satisfaction subscale scores by the percent of respondents.

Table 1. Respondents Answers to Questions Related to Personal Satisfaction

Question	Mean	Std. Deviation
The feeling of worthwhile accomplishment I get from my work	1.7	0.67
The amount of challenge in my job	1.7	0.67
The amount of independent thought and action I can exercise in my work	1.7	0.67
The amount of personal growth and development I get from my work.	1.8	0.62
The extent to which my job is varied and interesting	1.8	0.72
The extent to which I can use my skills	2.0	0.86

1-5 Likert Scale, 1=Very Satisfied, 5= Very Dissatisfied

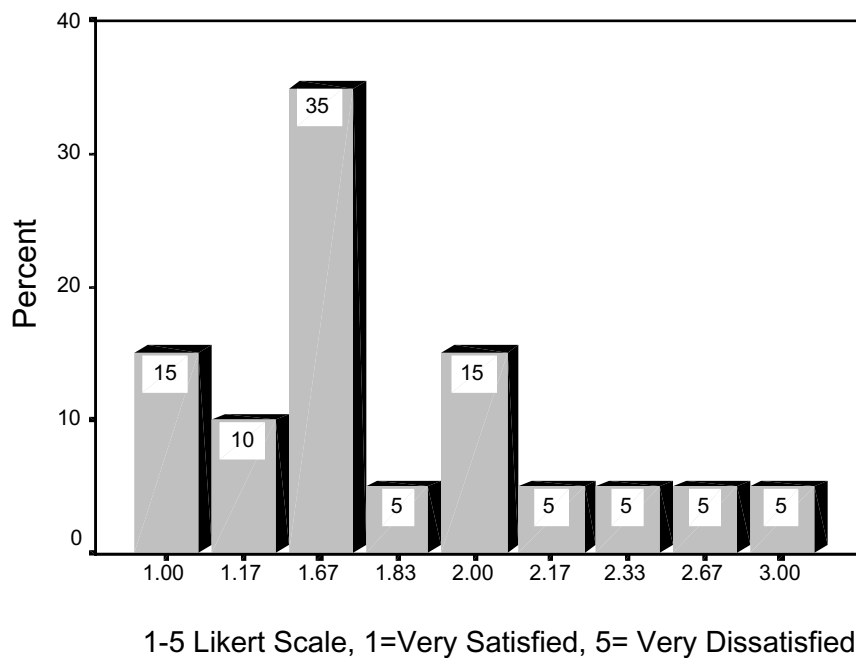


Figure 2. Personal Satisfaction Subscale Mean Scores

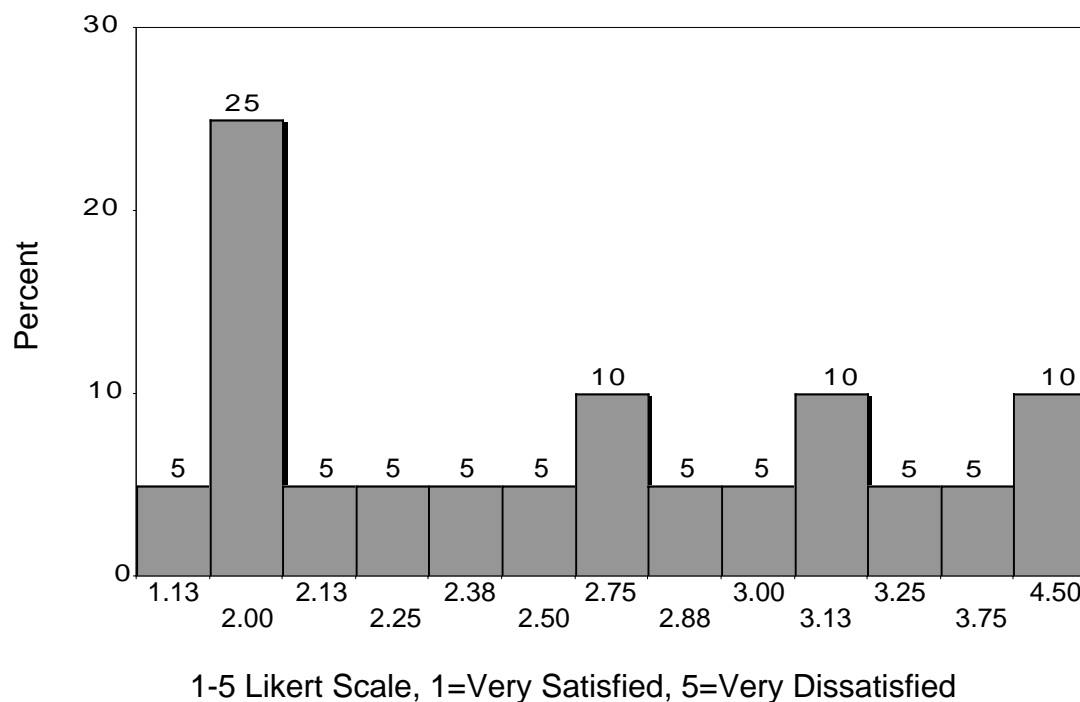
Research Question 2: What is the extent of satisfaction with workload?

Eight items on the questionnaire gathered information related to workload satisfaction (Table 2). Items on the questionnaire addressed the following a) time available to complete work, b) administrative tasks, c) staffing levels, and d) a sense of accomplishment at the end of the day. Thirty percent of respondents expressed some degree of dissatisfaction with their workload. Specific comments noted by the FNP's on workload reflected "dissatisfaction with 50 hours work weeks, short appointments times, difficulty scheduling follow-up appointments, and weekend call schedules requiring 3-4 days per month on call". As noted by the mean subscale scores by percent of respondents in Figure 3 twenty five percent of the respondents were satisfied with the workload.

Table 2 Respondents Answers to Questions Related to Workload

Question	Mean	Std. Deviation
What I have accomplished when I go home at the end of the day	1.9	0.76
My workload	2.4	0.88
The hours I work	2.6	1.27
The time available to get through my work	2.8	1.10
The time available for patient/client care	2.8	1.20
The amount of time available to finish everything that I have to do	3.1	1.17
The amount of time spent on administration	2.9	1.11

1-5 Likert Scale, 1=Very Satisfied, 5=Very Dissatisfied

Figure 3 Workload Subscale Mean Scores

Research Question 3: What is the extent of satisfaction with professional support?

Eight items on the questionnaire gathered information related to professional support. Relationships with colleagues, supervisors' support, and the opportunity to be heard were revealed through the survey questions in this category of professional support. Most FNPs felt "satisfied" or "very satisfied" with professional support as noted by scores less than "3". Table 3 presents this data. One written comment related to dissatisfaction with a supervisor's lack of placing nurses in positions of leadership and perceived this as a lack of support. One question within this sub-scale was "The degree to which I feel part of a team?" Nineteen (95%) of all respondents answered that they felt satisfied with the degree to which they were part of a team. Dissatisfiers were shown to be related to the "amount of support" received from supervisors.

Table 3. Respondents Answers to Questions Related to Professional Support

Question	Mean	Std. Deviation
The people I talk to and work with	1.7	0.57
The degree to which I feel part of a team	1.8	0.55
The opportunities I have to discuss my concerns	1.8	0.89
The overall quality of the supervision I receive in my work	1.9	0.59
The amount of support and guidance I receive	1.95	0.89
The degree of respect and fair treatment I receive from my boss	1.95	0.89
The contact I have with colleagues	2.1	0.91
The support available to me in my job	2.5	1.12

1-5 Likert Scale, 1=Very Satisfied, 5= Very Dissatisfied

Research Question 4: What is the extent of satisfaction with training?

Five items on the questionnaire gathered information related to training. Funding and time off for in-service training, opportunities to advance, as well as adequate training for the role of FNP were addressed in this set of survey questions. Dissatisfiers were identified in nearly all categories of training. Also 20 to 25% of FNPs cited dissatisfaction with funding or availability of time for them to attend courses. Respondents written comments regarding training spoke to too few clinical hours during the education process as well as a perceived lack of training in procedures that physician's assistants perform on a regular basis. More practice in suturing and minor surgical procedures were requested during training. Table 4 shows the mean Likert scores for items related to training.

Table 4. Respondents Answers to Questions Related to Training

Question	Mean	Std. Deviation
The opportunities I have to advance my career	2.3	0.98
The extent to which I have adequate training for what I do	2.3	0.98
The opportunity to attend courses	2.4	1.13
Being funded for courses	2.5	1.31
Time off for in-service training	2.8	1.02
1-5 Likert Scale, 1=Very Satisfied, 5= Very Dissatisfied		

Research Question 5: What is the extent of satisfaction with pay?

Four questions on the survey tool gathered information related to pay.

Dissatisfaction to some degree was revealed in survey questions related to pay. Twenty to 35 percent of respondents to questions of pay for hours worked, being fairly paid for the contribution made to their organizations, and salary received showed FNP's were either dissatisfied or very dissatisfied. The overall response to questions of pay showed some degree of satisfaction for 55% of respondents. Three respondents wrote comments related to payment for hours worked not matching the civilian sector and pro-pay not matching the responsibilities of a primary care provider. Mean Likert scores for each item of the questionnaire related to pay is noted on Table 5.

Table 5. Respondents Answers to Questions related to Pay

Question	Mean	Std. Deviation
Payment for the hours I work	2.4	1.06
My salary/pay scale	2.4	1.09
The amount of pay I receive	2.5	1.23
The degree to which I am fairly paid for what I contribute to this organization	2.7	1.39

1-5 Likert Scale, 1=Very Satisfied, 5= Very Dissatisfied

Research Question 6: What is the extent of satisfaction with prospects?

Six questions on the survey tool gathered information related to promotion and job security. The survey questions "My prospects for promotion" showed 80% satisfied with the possibilities while 20% were dissatisfied to some degree. Prospects for continued employment gleaned a 85% level of satisfaction. Satisfaction with security in the future continued employment and promotion was stated in written comments from two respondents. Table 6 presents data related to pay.

Table 6. Respondents Answers to Questions related to Prospects

Question	Mean	Std. Deviation
My prospects for continued employment	1.8	0.72
The possibilities for a career in my field	1.8	0.72
The amount of job security I have	1.8	0.85
The outlook for my professional group/branch of nursing	1.9	0.72
How secure things look for me in the future of this organization	2.1	0.91
My prospects for promotion	2.3	1.11

1-5 Likert Scale, 1=Very Satisfied, 5= Very Dissatisfied

Research Question 7: What is the extent of satisfaction with standards of care?

Six questions on the survey tool gathered information related to standards of care. Quality of care patients receive was given an overall satisfaction level of 100%. Table 7 provides the answers given by respondents regarding standards of care.

Table 7. Respondents Answers to Questions related to Standards of Care

Question	Mean	Std. Deviation
The general standard of care given in this unit	1.6	0.50
The standard of care that I am currently able to give	1.6	0.60
The standard of care given to patients/clients	1.6	0.60
Patients are receiving the care that they need	1.7	0.57
The way that patients/clients are cared for	1.7	0.59
The quality of work with patients/clients	1.8	0.88

1-5 Likert Scale, 1=Very Satisfied, 5= Very Dissatisfied

Research Question 8: "What is the extent of overall job satisfaction?"

This last research question addressed all factors of the job to evaluate overall satisfaction. When respondents were asked to rate "overall, how satisfied are you with your job" seven (35%) of the FNP's reported being "very satisfied", 10 (50%) are "satisfied", while the remaining three (15%) state they are "neither satisfied nor dissatisfied" with their jobs. No respondent reported any degree of dissatisfaction with overall job satisfaction. The mean score for overall satisfaction was 1.8 with a standard deviation of 0.7. Figure 4 represents this data.

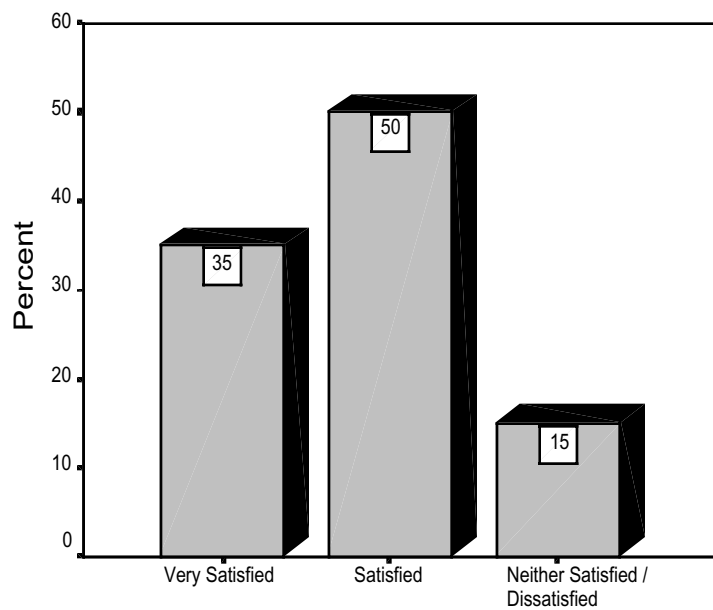


Figure 4. Overall Satisfaction Subscale Mean Score

Analyzing the mean value of the seven subscales indicates that standards of care was the highest ranked factor by respondents as contributing to job satisfaction followed by personal satisfaction, prospects, professional support, training, and pay.

Figure 5 represents the mean values given to subscales of factors of job satisfaction by respondents.

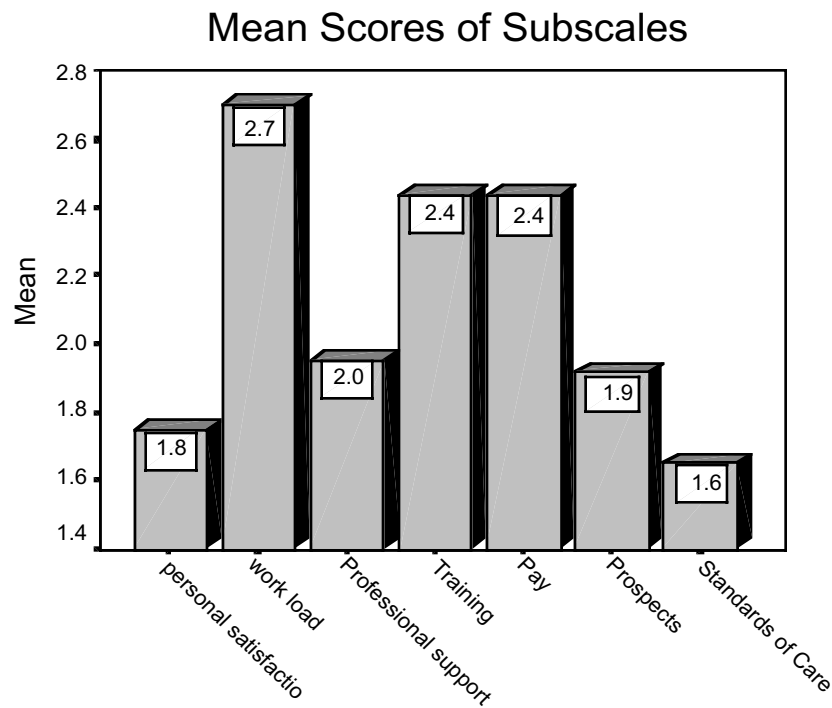


Figure 5. Mean Scores of Subscales

Summary

The purpose of this study was to assess and describe the factors affecting job satisfaction among Family Nurse Practitioners (FNP) in the United States Air Force. Data analysis has been presented on a total of 20 surveys from Air Force FNPs. Survey questionnaires addressed satisfiers and dissatisfiers affecting job satisfaction.

Overall job satisfaction of respondents was shown to be 85% either very satisfied or satisfied and 15% indicating neither satisfaction nor dissatisfaction. The final chapter will provide discussion, summarize conclusions, and make recommendations for further research.

CHAPTER FIVE: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this study was to assess and describe the factors affecting job satisfaction among Family Nurse Practitioners (FNP) in the United States Air Force. Identifying factors related to satisfaction of the job and role of FNP are essential in helping to clarify ways in which work life might be improved. The methodology consists of a mailed survey to all active duty FNPs in the Air Force. Summary statistics and data analysis were presented in Chapter Four for each of the eight research questions.

Chapter Five provides a discussion and interpretation of the findings for each research question. Comparisons of findings between this study and previous studies, related to job satisfaction are also presented. In addition the significance of findings, recommendations, and suggestions for further research are also discussed.

Discussions and Conclusions Regarding Research Questions

Research Question 1: "What is the extent of personal satisfaction with your job?"

Factors pertaining to personal satisfaction are feelings of accomplishment, personal growth, job variety and interest, challenging work, and the extent of use of skills. Similar results have been reported in the study by Tri (1991) of 373 civilian nurse practitioners in that respondents overwhelmingly experienced satisfaction in this arena. Eighty to 90 percent of respondents reported feelings of worthwhile accomplishment and personal growth and development from the work they do. One specific survey question "The amount of independent thought and action I can exercise in my work" elicited a ninety percent "satisfaction" rating from the respondents. These findings correlated with the literature as being the number one satisfier for nurse practitioners. "Autonomy, sense

of accomplishment and time spent in patient care ranked as the top three factors contributing to job satisfaction" (p.26). The only degree of dissatisfaction uncovered related to the lack of opportunity to utilize their skills. Hupcey's (1993) study found that the main reason for changing jobs related to nurse practitioners being unable to use their practitioner skills in the practice setting (1993). Finding opportunities for the FNP to stay current in all aspects of family practice could add to satisfaction.

Research Question 2: "What is the extent of satisfaction with workload?"

"Nurse practitioners tend to be more satisfied with factors intrinsic to their work than they are with aspects of the work environment, and this dissatisfaction with the contextual features of their jobs is of crucial concern" (Koelbel, et al., p.55). The understanding of the affect of intrinsic factors on satisfaction was the basis of Herzberg's (1959) theory of work and motivation that provides the framework for this study. Similar findings in this study demonstrated again that NPs are satisfied with what they do (intrinsic) but find dissatisfaction with the portion of the work outside their control (extrinsic). Thirty percent of respondents in this study reported dissatisfaction with workload. Time available to get through the work, time spent on administration, time available for direct patient care, and overall staffing levels were the factors specific to dissatisfaction. One question relating to a feeling of accomplishment at the end of the day was rated as satisfactory by 95% of the respondents. Comparing this to the question of personal satisfaction again shows FNPs being satisfied with what they do but not as satisfied with the way time is allotted for the jobs to be accomplished. These findings compare similarly to previous studies in that extrinsic factors can be dissatisfiers.

Research Question 3: "What is the extent of satisfaction with professional support?"

Collaboration between health professionals and supervisors is an integral part of the FNP practice. Study questions asked how satisfied the FNPs felt as part of the team, with support and guidance they received, with respect they felt from colleagues and boss, and with opportunities to discuss their concerns. Ninety five percent of Air Force FNPs reported they felt satisfied with the degree to which they felt part of a team. An important finding of this study is similar to the work by Hupcey as noted by her quote "that the presence or absence of support from either coworkers or superiors (physicians, nurse practitioners, nurses, administration, and other staff members) was the overwhelming factor influencing nurse practitioner role performance" (Hupcey, 1993, p.184). Despite feeling part of the team, 25% of Air Force FNPs indicated some degree of dissatisfaction with support from supervisors or colleagues. Specific reasons for this dissatisfaction were not noted. However most items on the questionnaire within the category of professional support showed a high level of satisfaction. Investigations of specific relationships between professionals within the practice setting may reveal how improvements could be made. Barriers to collaborative practice must be identified before supervisors can address them.

Research Question 4: "What is the extent of satisfaction with training?"

How well trained an FNP feels for their job was reported as 65 percent satisfied. Additionally, 15% and 20% of respondents expressed dissatisfaction with the opportunity to attend courses and monies available for courses, respectively. Most of the respondents felt a degree of satisfaction with training. Ten to 20 percent reported a neutral response to items in this category. Considering that 50% of respondents

have 18 or less months practice as an FNP, training issues could be related to the novice state of their experience. However, dissatisfaction with lack of funding and time off for conferences should not be affected by this data. Ventura's (1989) study of Veteran's Administration nurse practitioners showed the single best predictor of professional growth was opportunity for continuing education.

Research Question 5: "What is the extent of satisfaction with pay?"

Dissatisfaction with pay was revealed in this study as in Chung-Park's (1998) study of Navy NPs. Thirty five percent of respondents reported some degree of dissatisfaction with being fairly paid for what they contribute to their organization. Written comments recommended increasing the bonus pay amount. Further comments suggested that their role as primary care provider was not adequately remunerated by pay. It is noteworthy that Air Force pay is based on rank, not performance. Eighty percent of respondents hold the rank of Captain or Major. As rank increases and pay increases there may be a feeling of better compensation for work performed. As reported in Tri's study (1991), civilian NPs reported salary as the number one dissatisfier.

Research Question 6: "What is the extent of satisfaction with prospects?"

The military rank structure is unique from the general NP population and makes it difficult to compare previous studies to this one. The causality between job security and promotion in rank can not be determined from this question. The mean score for job security and prospects for promotion was approximately "2" or "satisfied". The only study of military NPs reported "the perception in the NP military community is that promotion is more difficult in the clinical NP role, and some military NPs leave the role altogether, sometimes on a temporary basis, to serve in administrative roles to be more competitive

for promotion" (Chung-Park, 1998). A more clearly outlined career ladder for NPs in the clinical role may help administrators and FNP understand job prospects for FNPs in the Air Force.

Research Question 7: "What is the extent of satisfaction with standards of care?"

Results of this study indicated a high level of satisfaction with standards of care provided to patients/clients. Delivering a high standard of care may be closely tied to personal satisfaction. The mean scores in these two subscales within the study were the highest rated. All respondents indicated they were satisfied with the general standard of care given in their unit. Similarly it was reported in civilian studies that quality of care given in the practice setting correlates to positive job satisfaction.

Research Question 8: "Overall, how satisfied are you with your job?"

Overall satisfaction was rated by 85% of the respondents as "satisfied" or "very satisfied". Fifteen percent indicated a neutral answer. The mean score for this category was 1.8. The mean satisfaction subscale scores on a continuum ranks standards of care, personal satisfaction, prospects, professional support, training, pay, and workload in descending order of satisfaction. The findings in this study of a high overall job satisfaction echoes the findings of Tri (1991) and Koelbel et al, (1991). These studies report that intrinsic factors, specifically autonomy, time spend with patients and a sense of social service, provide satisfaction in the workplace. Similarly the results of these same two studies show the same extrinsic factor, compensation, to be a dissatisfier. One notable difference between the previously mentioned studies and this military based study is the respondents' sense of belonging to a team. If this is specific to the military setting, it

could be related to factors intrinsic to the military rather than circumstances of being a health care provider.

Recommendations and Implications for Practice

It is heartening to discover the high level of satisfaction Air Force FNPs find in the personal job satisfaction and a positive regard for the standard of care given the patients within their care. All work situations will have dissatisfying factors. Acknowledging what we are doing right is as important as making recommendations for changes in the future. Based on the analysis of dissatisfier for Air Force FNPs, three specific recommendations can be made for improvement. First, an internship of a specified number of months for the novice FNP at his new duty station. The new FNP would be assigned to one preceptor with the hope that a mentor relationship may result. Both parties may be helped to clarify and support the new role. An indicator of increased satisfaction with training may result from a longer orientation to the role. Secondly, to increase a clearer understanding of promotion and prospects for advancement a career ladder for FNPs could be established. There may exist an unfounded fear that a provider would have to leave the clinical role to take a more career-enhancing position. Retention of FNPs might be improved if a more clear career ladder was instituted within the Air Force. Lastly, pay issues must be addressed if military as well as civilian NPs feel this is the number one dissatisfier. The AF may need to look into increasing pay bonuses to retain FNPs on active duty.

Recommendations and Implications for Research

At the present time, study findings may have been affected by the novice position of fifty percent of respondents. Data collection should begin now on the process of orientation to the role. Despite the high percentage of relatively new FNPs

the satisfiers and dissatisfiers were ranked consistently with previous studies. A study of those nurse practitioners with a more established role in the Air Force for example Women's Health nurse practitioners and Pediatric nurse practitioners should be undertaken to see if similar findings related to job satisfaction are experienced.

Any future study undertaken must narrow the focus of categories studied.

Any one of the subscales could be the basis for its own study. Workload, pay, and training represent in descending order dissatisfaction within the role. This parallels civilian and military studies. Further studies may find a relationship between feelings of not being trained to meet the demands of the role and feeling overworked. Would a specified time of internship with a designated preceptor be a better orientation to the new role?

Future study is recommended in the collaborative relationships between physicians, administrators, and non-physician providers within the primary care arena. Past studies and this one cite support and guidance received on the job influence job satisfaction.

What do supervisors expect from the new FNP? Is there a conflict between the medical model of one set of providers and the health promotion model of the nurse practitioner?

What are the factors affecting professional support?

Where does support fall short? Future research could include a longitudinal study relating job satisfaction to time spent as a practitioner to see how experience and growing confidence in the role affects satisfaction. Such a longitudinal study could address the causality between job satisfaction and quality of care.

A qualitative study into the perceptions and experiences of FNPs in the role could obtain more data on the views of these nurse practitioners. The value of qualitative studies could provide more comprehensiveness and depth to the study's findings.

Summary

Herzberg's theory of job satisfaction provided the framework for this study. Consistent with Herzberg's (1959) model, Air Force FNPs report intrinsic factors contribute to job satisfaction in the workplace while extrinsic factors are sources of dissatisfaction. Standards of care and personal satisfaction were rated highest for job satisfaction, while pay and workload were dissatisfiers. The findings of Air Force FNPs parallel those in the civilian sector and the one Navy study. Despite problems and dissatisfiers, AF FNPs revealed overall satisfaction with their jobs as did their civilian counterparts. Awareness of these factors can help FNPs and supervisors improve the workplace and enhance job satisfaction.

LIST OF REFERENCES

- Air Force Manual 36-2105 (1995). Professional Policies, USAF, Washington, DC: Bolling AFB,
- Bertz, P. E. (1996). Perceptions of the utilization of Family Nurse Practitioners by current Air Force outpatient physicians. Unpublished master's thesis, Uniformed Services University of the Health Sciences at Bethesda, MD.
- Biddle, B.J. (1979). Role Theory: Expectations, identities, and behaviors. New York, NY. Academic Press.
- Buppert, C.K. (1995). Justifying nurse practitioner existence: Hard facts to hard figures. Nurse Practitioner, 20(8), 43-48.
- Brush, B.L. & Capezuti, E.A. (1996). Revisiting "a nurse for all settings": the nurse practitioner movement, 1965-1995. Journal of the American Academy of Nurse Practitioners, 8(1), 5-10.
- Burns, N. & Grove, S.K. (1997). The practice of nursing research: conduct, critique & utilization (3rd ed.). Philadelphia, PA. W.B. Saunders Co.
- Carroll, T.L. & Fay, V.P. (1997). Measuring the impact of advanced practice nursing on achieving cost-quality outcomes: Issues and challenges. Nursing Administration Quarterly, 21(4), 32-40.
- Chung-Park, M.S. (1998). Perception of the Nurse Practitioner's role and job satisfaction in the United States Air Force. Military Medicine, 163(1), 26-32.
- Donaldson, M. & Vanselow, N. (1996). The nature of primary care. The Journal of Family Practice, 42 (2), 113-117.

Henneman, E.A., Lee, J.L. & Cohen, J.I. (1995). Collaboration : a concept analysis. Journal of Advanced Nursing, 21,103-109.

Herzberg, Frederick (1959). The motivation to work (2nd Ed.). New York, NY. Wiley.

Hughes, A.M. & Mackenzie, C.S. (1991). Components necessary in a successful nurse practitioner-physician collaborative practice. Journal of the American Academy of Nurse Practitioners, 2(2), 54-57.

Hupcey, J.E. (1993). Factors and work settings that may influence nurse practitioner practice. Nursing Outlook, 41(4), 181-5.

Koelbel, P.W., Fuller, S.G., Misener, T.R. (1991). Job satisfaction of nurse practitioners: an analysis using Herzberg's theory. Nurse Practitioner, 16(4), 43,46,48,50,52,55-56.

Sellards, S. & Mills, M.E. (1995). Administrative issues for use of nurse practitioners. Journal of Nursing Administration, 25(5), 64-70.

Simborg, D.W., Starfield, B.H., Horn, S.D. (1978). Physicians and non-physician health practitioners: the characteristics of their practices and their relationships. American Journal of Public Health, 68(1), 44-48.

Texidor, M.S., Lamar, S.R., & Roberts, B. (1996). TRICARE: Implications for military executive management education - A review of current Data. Military Medicine, 161(4), 217-220.

Tri, D.L. (1991). The relationship between primary health care practitioners' job satisfaction and characteristics of the practice settings. Nurse Practitioner, 16(5), 46,49-50,54-55.

Ventura, M.R. & Feldman, M.J. (1989). Nurse practitioner perceptions of facilitators and constraints to practice. Military Medicine, 154(6), 303-311.

Wells, S.P. (1976). Education opportunities for the Air Force nurses. USAF Medical Service Digest, 24(7)p.20-24.

APPENDICES

Appendix A: Permission Letter from Ms. Donnelly

Appendix B: Measure of Job Satisfaction

Appendix C: Participant Cover Letter

Appendix D: Institutional Review Board Approval Letter

Appendix E: Air Force Survey Control Approval Letter

28 April 1998

Capt J Earlene Owings
Family Nurse Practitioner Graduate Student
9324D Willow Creek Drive
Gaithersburg, MD 20879
USA

Appendix A



Dear Capt Owings

Thank you for your letter about the Measure of Job Satisfaction, addressed to Dr Barbara Wade who has now retired. I am pleased to enclose a copy of the MJS together with information on coding, scoring and analysis. We are happy for you to use it.

We have had requests for permission to use this measure from many researchers. We do however stipulate that the measure should not be altered for use without permission, apart from the demographic information on the first page.

As the measure is now being used extensively we would also like to be able to include norms for different groups of staff. We would be most grateful if those who use the measure could provide us with this information which can then be included in the package. It will of course be acknowledged.

I enclose complimentary copies of the reports resulting from the study.

Yours sincerely



Janet Donnelly
Research Administrator

Appendix B

Measure of Job Satisfaction

This measure has been designed to assess how FNPs feel about different aspects of their job. Please answer EACH question by ticking ONLY ONE box and be sure to answer all questions even though some may seem similar. You do not need to give your name. All answers are absolutely confidential. You will NOT be identified.

Length of time in AF

Age

Sex

- ☐ Female
☐ Male

Education

- ☐ Master's program
☐ Certificate program

Time as an FNP

Months _____

Years _____

Rank _____
(01,02,etc.)

How would you describe the facility in which you work?

- ☐ Medical Center
☐ Mid-sized Hospital
☐ Small-sized Hospital
☐ Super Clinic
(no in-patient beds)
☐ Small Clinic

Indicate the area you work in the majority of time

- ☐ Primary Care Clinic
☐ Family Practice Clinic
☐ Internal Medicine
☐ Emergency Department
☐ Pediatric Clinic
☐ Other

(Please list)

How satisfied are you with this aspect of your work:

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
1. Payment for the hours I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The degree to which I feel part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The opportunities I have to discuss my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My salary/pay scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Being funded for courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The time available to get through my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The quality of work with patients/clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The standard of care given to patients/clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The degree to which I am fairly paid for what I contribute to this organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The amount of support and guidance I receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The way that patients/clients are cared for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My prospects for promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The people I talk to and work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The amount of time spent on administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My prospects for continued employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The standard of care that I am currently able to give	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
18. The opportunities I have to advance my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The extent to which I have adequate training for what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Overall staffing levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The feeling of worthwhile accomplishment I get from my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The degree of respect and fair treatment I receive from my boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The amount of time available to finish every-thing that I have to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. What I have accom-plished when I go home at the end of the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The amount of job security I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Time off for in-service training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The amount of personal growth and development I get from my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. The extent to which my job is varied and interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. The support available to me in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. The amount of independent thought and action I can exercise in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. The opportunity to attend courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. The possibilities for a career in my field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. The general standard of care given in this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. The outlook for my professional group/branch of nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
35. The overall quality of the supervision I receive in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. The amount of pay I receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. The hours I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. The extent to which I can use my skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. The amount of challenge in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. The time available for patient/client care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. How secure things look for me in the future of this organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. The contact I have with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Patients are receiving the care that they need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Overall, how satisfied are you with your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you answered every question? You are invited to comment in the space below. Thank you for your help.

Appendix C

8 January, 1999

Dear Family Nurse Practitioner,

Please take a few minutes of your time to fill out this survey on job satisfaction. Your input on the factors that influence your job are very important. This survey should take about 10 minutes to complete. Your time is greatly appreciated!

This study, “*Job Satisfaction Among Family Nurse Practitioners in the United States Air Force*”, is being conducted as partial requirements for my Masters’ of Science degree at the Uniformed Services University of the Health Sciences (USUHS). I am interested in learning the level of job satisfaction experienced by Air Force FNP’s.

Participation in this study is voluntary. Survey responses will be kept confidential. Data will be analyzed in aggregate form only, and no respondents will be identified in any publication. Returned surveys will have no means of linking them with participating individuals. Under Federal Law a military member’s confidentiality cannot be strictly guaranteed although every precaution will be taken to ensure confidentiality of your responses. Results will be available to you on the internet through the Learning Resource Center of the Uniformed Services University of the Health Sciences.

Please return the survey and demographic cover sheet in the envelope provided. A response from all surveyed FNP’s will best depict the factors influencing job satisfaction. ***Please return the survey within the next five days.***

This thesis is under the direction of Dr. Barbara Sylvia and Col. Quannetta Edwards USAF NC, of the USUHS GSN Research Department. Questions may be directed to either person at (301)295-1990.

Thank you for taking time from your busy schedule to complete the questionnaire. I hope this study will help FNP’s, future FNP’s, and administrators within the Air Force have a better understanding of conditions contributing to the highest level of job satisfaction.

Sincerely,

J. Earlene Owings, Captain, USAF, NC
FNP Student, USUHS, Bethesda, MD
HP: (301) 947-0207
WP: (301) 295-1992



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799



Appendix D

December 9, 1998

MEMORANDUM FOR JANICE E. OWINGS, CAPT, USAF, GRADUATE SCHOOL OF
NURSING

SUBJECT: IRB Review and Approval of Protocol

Your research protocol, entitled "*Job Satisfaction Among Family Nurse Practitioners in the United States Air Force*," was reviewed and approved for execution on **12/9/98** as an exempt human subject use study under the provisions of 32 CFR 219.101 (b)(2). This approval will be reported to the full IRB, scheduled to meet on 14 January 1999.

The purpose of this study is to determine the level of job satisfaction experienced by all FNP's in the USAF. Subjects will be surveyed using the Measurement of Job Satisfaction tool developed by Traynor and Wade. This tool contains questions related to seven categories: personal, workload training, standards of care, pay, prospects, and professional support satisfaction. The IRB understands that survey responses will be coded and that all data will be analyzed and reported in aggregate form only.

Please notify this office of any amendments or changes in the approved protocol that you might wish to make and of any untoward incidents that occur in the conduct of this project. If you have any questions regarding human volunteers, please call me at 301-295-3303.

Richard R. Levine, Ph.D.

LTC, MS, USA

Director, Research Programs and
Executive Secretary, IRB

cc: Director, Grants Administration





DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE PERSONNEL CENTER
RANDOLPH AIR FORCE BASE TEXAS

Appendix E

5 November 1998

MEMORANDUM FOR CAPTAIN OWINGS

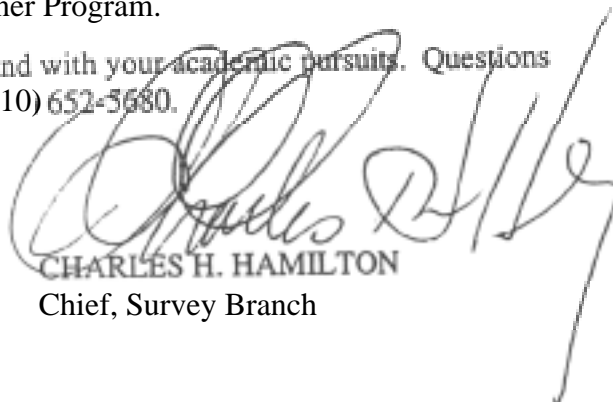
FROM: HQ AFPC/DPSAS
550 C Street West, Suite 35
Randolph AFB TX 78150-4737

SUBJECT: Survey Control Number (RE Your Pkg of Materials)

Thanks for sending your survey instrument for review and for providing the permission letter from Dr Donnelly. Your research project is approved under survey control number USAF SCN 98-75 and expires on 31 Dec 98. For your information, the word "organization" is misspelled in survey item 41.

Regarding your sample. You might find assistance through USUHS or from the functional manager of the Family Nurse Practitioner Program.

We wish you success with your research and with your academic pursuits. Questions regarding this action can be addressed to me at (210) 652-5680.



CHARLES H. HAMILTON
Chief, Survey Branch